

Fill in this information to identify the case:			
Debtor 1	<u>International Heritage Inc.</u>		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>NCEB</u>	District of	<u>NC</u>
		(State)	
Case number:	<u>#98-02675</u>		

Form 1340 (12/19)	
APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS	
1. Claim Information	
For the benefit of the Claimant(s) ¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.	
Note: If there are joint Claimants, complete the fields below for both Claimants.	
Amount:	<u>\$842.46</u>
Claimant's Name:	<u>Sandra L. Marton-Maiden</u> ^{MARRIED} <u>NAME: NASS</u>
Claimant's Current Mailing Address, Telephone Number, and Email Address:	<u>2532 DOLAWA TRAIL</u> <u>MUSKEGON, MI 49444</u>
2. Applicant Information	
Applicant ² represents that Claimant is entitled to receive the unclaimed funds because (check the statements that apply):	
<input checked="" type="checkbox"/>	Applicant is the Claimant and is the Owner of Record ³ entitled to the unclaimed funds appearing on the records of the court.
<input type="checkbox"/>	Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
<input type="checkbox"/>	Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
<input type="checkbox"/>	Applicant is a representative of the deceased Claimant's estate.
3. Supporting Documentation	
<input checked="" type="checkbox"/>	Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

4. Notice to United States Attorney

☒ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

United States Attorney for the
Eastern District of North Carolina
150 Fayetteville Street,
Suite 2100, Raleigh,
NC 27601

5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 12/31/2022

Signature of Applicant

Sandra L. Nass

Printed Name of Applicant

Address: 2582 Odawa Trail
Muskegon, MI 49444

Telephone: 231-557-4661

Email: NORTHSTARAGENCY@comcast.net

5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: _____

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address:

Telephone: _____

Email: _____

6. Notarization

STATE OF Michigan

COUNTY OF Muskegon

This Application for Unclaimed Funds, dated 12/30/2022 was subscribed and sworn to before me this 31 day of December, 2022 by

Sandra L. Nass

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public Mary Beth McDonald

My commission expires:

Mary Beth McDonald, Notary Public
State of Michigan, County of Ottawa
My Commission Expires 10/8/2025
Acting in the County of Muskegon

6. Notarization

STATE OF _____

COUNTY OF _____

This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this _____ day of _____, 20____ by

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public _____

My commission expires: